附件3

南山区学校龋病防治项目定点医疗机构操作人员资质一览表

单位名称\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_联系人\_\_\_\_\_\_\_\_\_\_\_\_\_\_联系电话\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 序号 | 姓名 | 性别 | 学历 | 专业技术职称 | 口腔执业医师/护士执业证书号 | 注册的医疗机构 | 项目中的分工 |
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